Attachment No. 2 to Policy Memorandum No. 5 - Fiscal Year 2007

Competencies/Education Profile Forms

Management Roles: Page#1 Employee Name: ______Date: _____ Classification Title: PIN: PIN:_____ Rating Supervisor:_____ 1st Level Reviewer:_____ PIN:_____ Competencies/Behavior Indicators **Indicate for each checked competency:** Please check those to be measured: (Y) Yes (N) No Value Added Adaptability: Coaching and Developing Others: Decisive Insight:____ Holding People Accountable: Impact and Influence: Information Gathering: Vision Communication: Leadership: Measurement period for competencies to be accomplished:______ to:_____ Signatures (at the beginning of the measurement period):

1st Level Reviewer Date

Employee

Date

Rating Supervisor

Date

Education/Training Contact Hour Course/Conference Title		ndicate number of contact hours for each education/training item listed:	
1			
2:			
3:			
4:			
5:			
6:			
7:			
		TOTAL HOURS:	
SUMMARY for Submission			
For the measurement period from:		to: this employee	received a
rating of Yes for value added on	compet	encies and completed contact he	ours of
education/training and therefore is e	ligible to r	eceive an Increased Value Compensation	on as
allowed by this agency for Fiscal Ye	ar	•	
Signatures (at the end of the measure	ement peri	od):	
Employee	Date	Rating Supervisor	Date
1 st Level Reviewer	Date		

Employee Name:_______Date:_____ Classification Title: PIN: PIN:____ Rating Supervisor:_____ 1st Level Reviewer: PIN:_____ Competencies/Behavior Indicators **Indicate for each checked competency:** Please check those to be measured: (Y) Yes (N) No Value Added Analytical Thinking/Attention to Detail:_____ Business Perspective: Communication: Customer Advocate: Facilitating Effective Relationships: Willingness to Learn: Fostering Innovation/Leading Change:_____ Project Performance: Measurement period for competencies to be accomplished:_______to:_______to:______ Signatures (at the beginning of the measurement period): Employee Rating Supervisor Date Date 1st Level Reviewer Date

Education/Training Contact Hours **Indicate number of contact hours for each** Course/Conference Title education/training item listed: 3:_____ 5:_____ TOTAL HOURS: **SUMMARY** for Submission For the measurement period from: ______ to: _____ this employee received a rating of Yes for value added on _____ competencies and completed _____ contact hours of education/training and therefore is eligible to receive an Increased Value Compensation as allowed by this agency for Fiscal Year _____. Signatures (at the end of the measurement period): Rating Supervisor Employee Date Date 1st Level Reviewer Date

Competencies/Education Profile Form Information Technology Special Compensation Plan Operations and Support Roles: Page#1

Emp	loyee Name:		Date:	
Class				
Ager	ncy:			
Ratir	ng Supervisor:		PIN:	
1 st Lo				
	npetencies/Behavior Indicate e check those to be measured:	ors	Indicate for each checked competer (Y) Yes (N) No Value Added	ney:
			:	-
				- -
				-
				- -
				- -
	Personal Accountability:			- 🗍
	surement period for competen atures (at the beginning of the		complished: to: nt period):	
Emp	loyee	Date	Rating Supervisor	Date
1 st Lo	evel Reviewer	Date	_	

Competencies/Education Profile Form Information Technology Special Compensation Plan Operations and Support Roles: Page#2

Education/Training Contact Hour Course/Conference Title		licate number of contact hours for each education/training item listed:	1
1			
2:			
3:			
4:			
5:			
6:			
7:			
		TOTAL HOURS:	
SUMMARY for Submission			
For the measurement period from:		to: this employee	received a
rating of Yes for value added on	compete	ncies and completed contact h	ours of
education/training and therefore is el	ligible to re	ceive an Increased Value Compensation	on as
allowed by this agency for Fiscal Ye	ar		
Signatures (at the end of the measure			
Employee	Date	Rating Supervisor	Date
1 st Level Reviewer	——————————————————————————————————————	_	

Employee Name:_______Date:_____ Classification Title: PIN: PIN:_____ Rating Supervisor:_____ 1st Level Reviewer:_____ PIN: Competencies/Behavior Indicators **Indicate for each checked competency:** Please check those to be measured: (Y) Yes (N) No Value Added Analytical Thinking/Attention to Detail:_____ Business Perspective: Communication:____ П Customer Advocate:_____ Facilitating Effective Relationships: Willingness to Learn: Personal Accountability:_____ Project Performance: Measurement period for competencies to be accomplished:______ to:_____ Signatures (at the beginning of the measurement period): Rating Supervisor Employee Date Date 1st Level Reviewer Date

Education/Training Contact Hour Course/Conference Title		dicate number of contact hours for each education/training item listed:	
1			
2:			
3:			
4:			
5:			
6:			
7:			
		TOTAL HOURS:	
SUMMARY for Submission			
For the measurement period from:_		to: this employee i	received a
rating of Yes for value added on	compete	encies and completed contact ho	ours of
education/training and therefore is e	eligible to re	eceive an Increased Value Compensation	n as
allowed by this agency for Fiscal Ye	ear	·	
Signatures (at the end of the measur	ement peri	od):	
Employee	Date	Rating Supervisor	Date
1 st Level Reviewer	Date	_	